Department of Health and Human Services

Essential Caregiver Guidance for Long-Term Care Facilities



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Since mid-March 2020, visitor restrictions have been in place in long-term care (LTC) facilities including nursing homes and assisted living facilities. Visitor restrictions were put in place to help mitigate and prevent the spread of COVID-19. The Nebraska Department of Health and Human Services (NDHHS) recognizes the importance of social distancing and physical separation to help keep residents safe. NDHHS also acknowledges the unintended consequences of prolonged physical separation and isolation on a resident's overall health and well-being. Although technology can help decrease loneliness for some residents, technology is not a sustainable replacement for in-person contact. This is especially true for residents with cognitive impairments, visual and/or hearing difficulties, and mobility limitations as they struggle to maintain connections with loved ones.

Recognizing the critical role family members and other close, outside caregivers have in the care and support of residents, and recognizing how they advocate for the resident, it is recommended that LTC facilities develop a process to designate essential caregivers (EC) where appropriate. An EC could be a person who was previously actively engaged with the resident or is committed to providing companionship and/or assistance with basic activities of daily living. LTC facilities are not required to implement an EC program, but this guidance provides recommendations for those facilities that choose to do so. The goal of such a designation is to help ensure these high-risk residents continue to receive individualized, person-centered care.

NDHHS recognizes that the Centers for Medicare & Medicaid Services (CMS) has issued guidance related to visits and compassionate care. In order to be consistent with Centers for Medicare & Medicaid Services (CMS) guidance, NDHHS will consider essential caregiver visits as a type of compassionate care visit. In accordance with CMS: QSO-20-39 (PDF), while not required, NDHHS encourages facilities in medium or high-positivity counties to test visitors, if possible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2-3 days) with proof of negative test results and date of test.

Why essential caregivers are important?

- They detect concerns and advocate on behalf of the resident.
- They observe and communicate important details and changes in a resident's condition/behaviors.
- They assist the resident in management of complex or critical information.
- They provide emotional support and help honor the residents' personal values and preferences of care.
- They alleviate caregiving tasks for staff and providers.
- They preserve and promote quality of life for residents.
- They help promote/maintain a sense of continuity, identity, and autonomy for residents.

Guidance for facilities electing to designate Essential Caregivers

- Facilities must establish policies and procedures for how to designate and utilize an EC.
- Consult the facility's Administrator, Director of Nursing, Social Services Director, or other designated facility staff to help determine who meets the criteria of an EC.

- The resident must be consulted about their wishes to determine whom to designate as the EC.
 Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the pandemic.
- Residents may express a desire to designate an additional person as an EC based on their past involvement and needs (e.g., if the designated EC becomes unavailable or more than one family member previously split time to provide care for the resident). Facility staff should work cooperatively with the resident and family to facilitate these options.
- Work with the resident and EC to identify a schedule of up to three hours per day for the EC to be in the facility.
- Ensure scheduling of EC visits considers numbers of EC in the building at the same time. The facility may establish guidelines related to the availability of their staff to accommodate EC entry requirements. The facility may establish time limits as needed to keep residents safe.
- Utilize the EC to provide care and emotional support in the same manner as prior to the pandemic, or in whatever manner necessary, as resident health care or psychological conditions may have changed.
- Designate a central point of entry where the EC signs in and is actively screened for symptoms of COVID-19 prior to entering the building, in the same manner as facility staff.
- The EC must wear all necessary personal protective equipment (PPE) while in the building (minimally a
 face mask), and must perform frequent hand hygiene. The facility should ensure hand sanitizing
 stations and alcohol-based hand rubs are accessible.
- The facility must educate the EC on how to put on and take off necessary PPE appropriately. This can be accomplished using posters demonstrating key instructions to reinforce safe practices.
- The EC must inform the LTC provider if they develop a fever or symptoms consistent with COVID-19 within 14 days of a visit to the resident.
- The facility should allow evening and weekend visits that accommodate the EC who may be limited by work or child care barriers.
- Direct the EC to provide care in the resident's room, or in facility-designated areas within the building.
 The EC must limit movement in the facility. The EC may take the resident outside for a walk during their
 time with the resident; pushing a wheelchair while the EC is wearing appropriate PPE, and the resident
 is wearing a face covering, as tolerated, is an acceptable activity.
- The EC must maintain social distancing of at least 6 feet with staff and other residents while in the building.
- The EC should not take the resident out into the community except for essential medical appointments, which should be pre-arranged with the facility.
- The EC must not be allowed to visit a resident during a resident's 14-day quarantine, and must not visit when a resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.
- The LTC facility may restrict or revoke EC status if the EC fails to follow social distancing, use of PPE, or other COVID-19 related rules of the facility. Prior to restriction/revocation, the facility, EC, and resident should discuss in attempt to mediate the concerns.